

Expected Practices

Specialty: Podiatry

Subject: Routine Diabetic Foot Exam

Date: September 27, 2014

Purpose:

1. To define the County of Los Angeles Department of Health Services (DHS) Expected Practices regarding Podiatry Services for adult diabetic patients requiring only a routine annual diabetic foot exam.
2. To provide primary care practitioners (PCPs) with a detailed review of key steps and methods in completing a routine diabetic foot check.

Target Audience:

Primary Care Providers (PCPs)

Expected Practice:

Completion of routine annual foot exams for diabetic patients is found to be well within the expected scope of practice of the primary care practitioner. Additionally the PCP should be capable of providing the patient with education about the importance of self-examination and blood sugar control.

DHS Podiatry specialty providers can optimize county-wide patient access by advising primary care practitioners about best practices in conducting routine annual diabetic foot exams, rather than by conducting routine exams within the specialty service.

However, it is appropriate to refer a diabetic patient to Podiatry at the first sign of infection, blister, or any breach in the integument or in response to other neurological indications noted below.

This Expected Practice was developed by a DHS Specialty-Primary Care Work Group to fulfill the DHS mission to ensure access to high-quality, patient-centered, and cost-effective health care. SPC Work Groups, composed of specialist and primary care provider representatives from across LA County DHS, are guided by 1) real-life practice conditions at our facilities, 2) available clinical evidence, and 3) the principle that we must provide equitable care for the entire population that LA County DHS is responsible for, not just those that appear in front of us. It is recognized that in individual situations a provider's clinical judgment may vary from this Expected Practice, but in such cases compelling documentation for the exception should be provided in the medical record.

Conducting a Routine Diabetic Foot Check:

Step 1 – Visual Inspection (shoes and socks removed)

Look externally and interdigitally for:

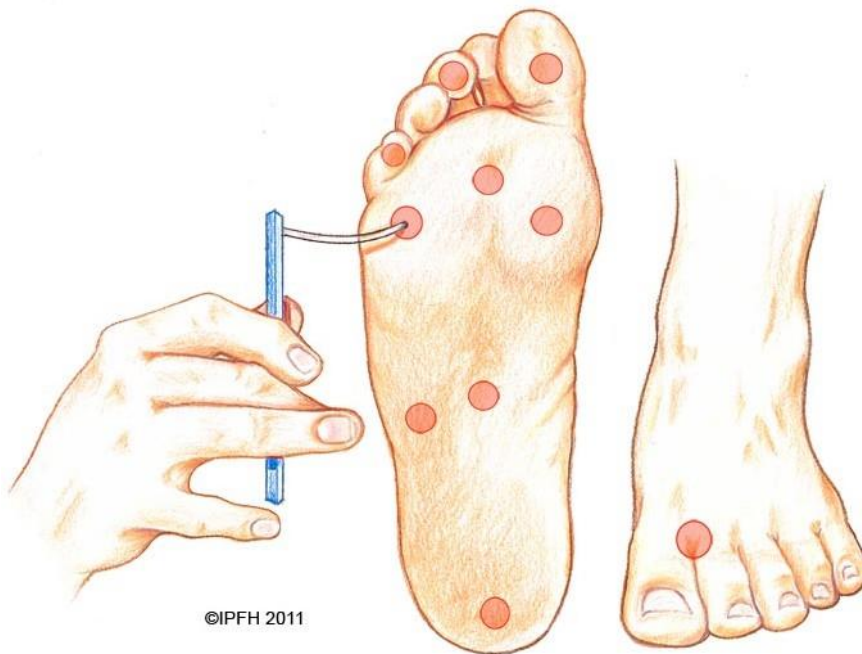
1. Edema
2. Erythema
3. Blisters or ulcers
4. Callous formation (higher risk if hemosiderin deposits within callous tissue)
5. Nail Dystrophy or paronychia
6. Other deformity

Step 2 – Vascular Inspection

1. Temperature (note focal or global differences in temperature)
2. Pulses

Step 3 – Neurologic Inspection

1. Monofilament exam
 - a. 10g monofilament is designed to buckle when 10g of force is applied.
 - b. First test sensation with the monofilament on the upper arm or other proximal site.
 - c. Then have patient close their eyes and test **10** sites on each foot. (Avoid areas with callouses.)



When to Refer: Assessing Results of the Routine Diabetic Foot Check

The results of the monofilament screen are likely to be one of the conditions below, shown with their subsequent appropriate actions:

Presenting Conditions: Findings from Foot Exam	Appropriate Actions
No neuropathy	Re-screen in 1 year
Localized neuropathy but protective sensation intact (less than 5 points/foot affected)	Recommend over-the-counter protective shoes to be purchased by the patient. Common products that can be useful are: Dr. Comfort [®] and Dr. Scholls [®] . PCP should continue to observe progress every 3 months.
Widespread neuropathy (i.e., protective sensation impaired) with 6 or more points/foot affected	Recommend over-the-counter protective shoes to be purchased by the patient. Common products that can be useful are: Dr. Comfort [®] and Dr. Scholls [®] . Treat painful neuropathy with Neurontin or Gabapentin. PCP should continue to observe progress every 3 months. Refer to Podiatry via eConsult if there is any ulcerative lesion or if there is any pre-ulcerative lesion that appears to be getting worse over the course of the PCP 3-month progress checks.
Significant deformity (e.g., hammertoe, Charcot-appearing or “rocker-bottom” foot, irritated bunion)	Refer to Podiatry via eConsult.
Non-infected ulcer, blister, breach of integument.	Refer to Podiatry via eConsult. Appointment Services Center should be instructed to book within 1 week
Infected ulcer	Refer to Emergency Department
Absence of palpable pulse	Refer to Podiatry via eConsult.
Heavy callous	PCP to attempt debriding the callous. If hemosiderin deposits are observed, referral to Podiatry via eConsult could be appropriate.